

**Application to Participate in the Teacher Deferred
Retirement Option Plan (T-DROP)**

Member's Name _____ SSN _____

Submission of this form enrolls you in the optional T-DROP plan with ATRS. You must meet all eligibility requirements and submit a completed application form to ATRS by May 31st to be enrolled in T-DROP this July 1, _____ (yyyy effective date). Your election to participate in T-DROP is **irrevocable** and all your future benefits with ATRS will accrue in the T-DROP plan upon the effective date of your participation. T-DROP participation is limited to 10 years and T-DROP benefits are only payable when you retire and begin drawing annuity benefits from ATRS.

By signing this election form, you acknowledge that you are required to continue as an active employee with an ATRS covered employer to participate in T-DROP. You also acknowledge that you will no longer earn additional service credit and salary earned after entering T-DROP will not be used in your retirement annuity calculation.

Member's Signature _____ Date _____

This section must be completed by all your ATRS covered employers (including public colleges and universities) that you received salary from this fiscal year. Please note that employee contributions are not withheld after a member begins participating in T-DROP.

Employer Verification of Final Salary and Service for T-DROP

1. Name of Member _____
2. SSN of Member _____
3. Employer _____
4. List the projected amount of regular or contract salary and number of days worked for the member's last year of employment ending June 30.

Total number of days worked this fiscal year _____

Total salary for this fiscal year \$_____

5. Provide the last date the member will receive a salary payment from the employer for this fiscal year: ____/____/____.

Completed by _____ Title _____

Email _____ Telephone Number _____

This application must be completed and received by ATRS prior to May 31.